

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Bruce  
NICKNAME LAST SUFFIX  
Tatro

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1505 Whispering Pines  
Houston, TX 77055

☐ Change of Address

Date Hand-delivered or Date Postmarked

JUL 15 2002

CITY SECRETARY

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Julien  
NICKNAME LAST SUFFIX  
Reeves

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1506 Whispering Pines  
Houston, TX 77055

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 680-0822

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 02 THROUGH 6 / 30 / 02

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
/ / Primary ☐ Runoff ☐ General ☐ Special ☐

11 OFFICE

OFFICE HELD (if any)

Houston City Council, Dist A

12 OFFICE SOUGHT (if known)

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

## 14 C/OH NAME

Bruce Tatro

## 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

## COMMITTEE NAME

## COMMITTEE ADDRESS

## COMMITTEE CAMPAIGN TREASURER NAME

## COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$33,771.58

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$1,179.74

4. TOTAL POLITICAL EXPENDITURES

\$19,409.02

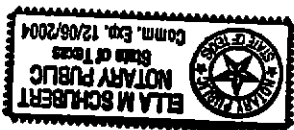
OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Bruce Tatro*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Tatro, this the 15<sup>th</sup> day of July, 20 02, to certify which, witness my hand and seal of office.

*Ella M. Schubert*  
Signature of officer administering oath

*Ella M. Schubert*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-3-2002	Full name of contributor <input type="checkbox"/> out of state PAC Matthew Khourie	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Hartman	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-17-2002	Full name of contributor <input type="checkbox"/> out of state PAC Helen Hough	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-17-2002	Full name of contributor <input type="checkbox"/> out of state PAC Steve Pate	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sam Barbar	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
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FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Clarence Krause	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Terry Cheng	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Robert Boykin	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Thos McDade	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jane Page	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
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The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Thompson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Linebarger, Heard, Goggan, Blair Pena & Sampson, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Locke, Liddell and Sapp L.L.P.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Patti Joiner	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Jard	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

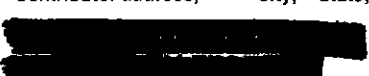
**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Association of Realtors PAC/TREPAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ricky Kamins	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mary Savage	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Weekley	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-29-2002	Full name of contributor <input type="checkbox"/> out of state PAC Pat Gavin	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-29-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Tribble	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Frank Liu	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mark L. Boyer	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Locke, Liddell and Sapp L.L.P.	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Phillip Abbott	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jesse Gonzalez	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Paul Kahlich	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. Harry Mach	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ralph Marek	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	





**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A1**  
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FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Harold Wiesenthal	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Chris Demopulos	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jim Ward	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-31-2002	Full name of contributor <input type="checkbox"/> out of state PAC Norman Adams	Amount of contribution (\$) \$2,750.58	In-kind contribution description (if available) Reception catering and expenses
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mayer Brown & Platt	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
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The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-2-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dennis Sander	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Waste Management PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Michael Copland	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Dionel Aviles	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Darryl Carter	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A1**  
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FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mike Garver	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Hartman	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-5-2002	Full name of contributor <input type="checkbox"/> out of state PAC Don Conrad	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


Date 2-5-2002	Full name of contributor <input type="checkbox"/> out of state PAC Edwin McCrory	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


Date 2-5-2002	Full name of contributor <input type="checkbox"/> out of state PAC Peter C. Peltier	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: <b>Bruce Tatro</b>	ACCOUNT # (Ethics Commission filers)

Date 2-6-2002	Full name of contributor <input type="checkbox"/> out of state PAC <b>Brian Cweren</b>	Amount of contribution (\$)  <b>\$100.00</b>	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-6-2002	Full name of contributor <input type="checkbox"/> out of state PAC <b>Houston Police Retired Officers Association PAC</b>	Amount of contribution (\$)  <b>\$500.00</b>	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-6-2002	Full name of contributor <input type="checkbox"/> out of state PAC <b>Cheryl Thompson-Draper</b>	Amount of contribution (\$)  <b>\$250.00</b>	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC <b>John Nau</b>	Amount of contribution (\$)  <b>\$1,000.00</b>	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC <b>Sally Bradford</b>	Amount of contribution (\$)  <b>\$50.00</b>	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gerald M. Brady	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC CDM PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Odis Cobb	Amount of contribution (\$) \$501.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Roy Hearnberger	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dale Kornegay	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

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FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Bill Kvinta	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gary Montgomery	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Alice Rekeweg	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Larry Thyssen	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-7-2002	Full name of contributor Arun Verma	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

Date 2-7-2002	Full name of contributor Richard Weekley	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

Date 2-7-2002	Full name of contributor Joan Dodson	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

Date 2-7-2002	Full name of contributor Joe Roach	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)  Event expenses
	Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

Date 2-9-2002	Full name of contributor Charles Gooden	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)  \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-13-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mike Demko	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-15-2002	Full name of contributor <input type="checkbox"/> out of state PAC Daniel Arnold	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jim Dannenbaum	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Lonnie J. Parr	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Vinson & Elkins Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 2-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Lonnie J. Parr	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Alice Aanstoots	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC John Middleton	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Reddy Partnership	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

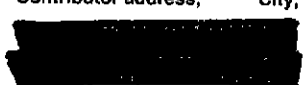
Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC W.B. Bean	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 16
FILER NAME: Bruce Tatro	ACCOUNT # (Ethics Commission filers)

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Donna Brown	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Edward Pita	Amount of contribution (\$)  \$20.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Union Pacific Corporation Fund for Effective Government	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

## STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEC MAIL ROOM

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1. (a) NAME OF COMMITTEE IN FULL <b>Union Pacific Corp Fund for Effective Government</b>	(Check if name is changed)	2. DATE <b>08/28/00</b>
(b) Number and Street Address <b>800 13th Street, NW, Suite 340</b>	(Check if address is changed)	3. FEC Identification Number <b>C00010470</b>
(c) City, State and ZIP Code <b>Washington, DC 20005</b>		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ (name of candidate) and is NOT an authorized committee.
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Union Pacific Corporation	1416 Dodge Street Omaha, NE 68179	connected organization

## Type of Connected Organization

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

## 7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Darlene K. Riley	600 13th St, NW, Suite 340 Washington, DC 20005	PAC Administrator

## 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Mary E. McAuliffe	600 13th Street, NW, Suite 340	Treasurer
Katie W. Maness	Washington, DC 20005	Asst. Treasurer

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Wells Fargo Bank Nebraska	Post Office Box 3408 Omaha, NE 68103

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <b>Mary E. McAuliffe, Treasurer</b>	SIGNATURE OF TREASURER <i>Mary E. McAuliffe</i>	DATE <b>08/28/00</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 60 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

FE9AN114POF

FEC FORM 1  
(revised 4/97)

## STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL Waste Management Employees' Better Government Fund		2. DATE 5/3/99
(b) Number and Street Address 601 Penn. Ave., NW Suite 300 North, Wash DC 20004		3. FEC Identification Number C00119008
(c) City, State and ZIP Code		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

May 20 11 01 AM '99

## 5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

## Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

## 7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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## 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Nations Bank	730 Fifteenth Street, NW First Floor Washington, DC 20005

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Ronald H. Jones	SIGNATURE OF TREASURER <i>Ronald H. Jones</i>	DATE 5/3/99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEGAN053

FEC FORM 1  
(revised 4/87)

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: <b>Bruce Tatro</b>		ACCOUNT #: (Ethics Commission filers)
Date 1/10/02	Payee name      Payee address Houston Livestock & Rodeo PO Box 20070 Houston, TX 77225	Amount (\$)  \$200.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 1/10/02	Payee name      Payee address SBC PO Box 1550 Houston, TX 77251	Amount (\$)  \$114.38
Purpose of expenditure (See instructions regarding type of information required.) Telephone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 1/25/02	Payee name      Payee address Magic Circle Republican Club 5001 Woodway Houston, TX 77056	Amount (\$)  \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 1/29/02	Payee name      Payee address Jet Setters 6400 Westpark Suite 400 Houston, TX 77057	Amount (\$)  \$113.69
Purpose of expenditure (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 2/1/02	Payee name      Payee address Babies R Us 9546 Katy Frwy. Houston, TX 77024	Amount (\$)  \$151.54
Purpose of expenditure (See instructions regarding type of information required.) Staff gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bruce Tatro		ACCOUNT #: (Ethics Commission filers)

Date 2/1/02	Payee name Earl LeBlanc 9023 Springview Houston TX 77080	Payee address	Amount (\$) \$95.91
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 2/4/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address	Amount (\$) \$65.15
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 2/11/02	Payee name SBC PO Box 1550 Houston, TX 77251	Payee address	Amount (\$) \$115.38
Purpose of expenditure (See instructions regarding type of information required.) Telephone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 2/15/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address	Amount (\$) \$390.25
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 2/15/02	Payee name Phil Owens 7700 Willowchase #1513 Houston, TX 77070	Payee address	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bruce Tatro		ACCOUNT #: (Ethics Commission filers)

Date 2/19/02	Payee name Walden & Associates 55 Waugh Drive, Suite 610 Houston, TX 77007	Payee address Amount (\$) \$2,205.48
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and reimbursement for courier service, postage, printing and office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 2/20/02	Payee name Harris County Republican Party 3311 Richmond, Ste. 218 Houston, TX 77098	Payee address Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 3/4/02	Payee name Earl LeBlanc 9023 Springview Houston, TX 77080	Payee address Amount (\$) \$112.64
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 3/5/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address Amount (\$) \$134.45
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 3/11/02	Payee name Walden & Associates 55 Waugh Drive, Suite 610 Houston, TX 77007	Payee address Amount (\$) \$5,068.34
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee and reimbursement for courier service, postage, printing and office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: <b>Bruce Tatro</b>		ACCOUNT #: (Ethics Commission filers)
Date 3/12/02	Payee name SBC PO Box 1550 Houston, TX 77251	Payee address  Amount (\$) \$115.36
Purpose of expenditure (See instructions regarding type of information required.) Telephone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/17/02	Payee name Ella Schubert 11250 Briar Forest #106 Houston, TX 77042	Payee address  Amount (\$) \$125.00
Purpose of expenditure (See instructions regarding type of information required.) Preparation of expenditure report		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/25/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address  Amount (\$) \$114.57
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/29/02	Payee name Earl LeBlanc 9023 Springview Houston, TX 77080	Payee address  Amount (\$) \$106.63
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4/8/02	Payee name SBC PO Box 1550 Houston, TX 77251	Payee address  Amount (\$) \$121.49
Purpose of expenditure (See instructions regarding type of information required.) Telephone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held



# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: Bruce Tatro		ACCOUNT #: (Ethics Commission filers)

Date 4/29/02	Payee name LULAC PO Box 15100 Houston, TX 77220	Payee address	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Parade entry fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 5/1/02	Payee name Earl LeBlanc 9023 Springview, Houston, TX 77080	Payee address	Amount (\$) \$139.48
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 5/1/02	Payee name Kim Jessup 14117 Cardinal Ln. Houston TX 77079	Payee address	Amount (\$) \$5,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 5/6/02	Payee name AAPAHA 6250 Westpark, Suite 200 Houston, TX 77057	Payee address	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

Date 5/6/02	Payee name Robert Quarles 2303 Lamonte Houston, TX 77018	Payee address	Amount (\$) \$73.23
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held	

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: <b>Bruce Tatro</b>		ACCOUNT #: (Ethics Commission filers)
Date 5/20/02	Payee name SBC PO Box 1550 Houston, TX 77251	Payee address  Amount (\$) \$122.71
Purpose of expenditure (See instructions regarding type of information required.) Telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5/21/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address  Amount (\$) \$59.40
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5/22/02	Payee name Earl LeBlanc 9023 Springview Houston, TX 77080	Payee address  Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5/24/02	Payee name Robert Quarles 2303 Lamonte Houston, TX 77018	Payee address  Amount (\$) \$54.13
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/3/02	Payee name Earl LeBlanc 9023 Springview Houston, TX 77080	Payee address  Amount (\$) \$225.98
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7
FILER NAME: <b>Bruce Tatro</b>		ACCOUNT #: (Ethics Commission filers)
Date 6/3/02	Payee name Cingular Wireless PO Box 660732 Dallas, TX 75266	Payee address  Amount (\$) \$60.88
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/20/02	Payee name Patricia Farrar 1538 Chippendale Houston, TX 77018	Payee address  Amount (\$) \$273.88
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/28/02	Payee name Earl LeBlanc 9023 Springview Houston, TX 77080	Payee address  Amount (\$) \$110.55
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for miscellaneous expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 4
FILER NAME: <b>Bruce Tatro</b>	ACCOUNT #: (Ethics Commission filer)

Date 1/2/02	Payee name Fuzzy's Pizza 824 Antoine Houston, TX 77024	Payee address	Amount (\$) \$24.90  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) <b>Political lunch meeting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 1/25/02	Payee name Luther's B-B-Q 1100 Smith Street Houston, TX 77002	Payee address	Amount (\$) \$30.13  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) <b>Political lunch meeting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 2/22/02	Payee name Barnaby's Café 1701 Shepherd Houston, TX 77019	Payee address	Amount (\$) \$35.45  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) <b>Political lunch meeting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 2/26/02	Payee name Double Tree Guest Suites 5353 Westhiemer Houston, TX 77056	Payee address	Amount (\$) \$13.00  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) <b>Political lunch meeting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 3/24/02	Payee name John McCaine 5511 Edith Houston, TX 77081	Payee address	Amount (\$) \$12.00  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) <b>Pictures</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 4
FILER NAME: <b>Bruce Tatro</b>	ACCOUNT #: (Ethics Commission filer)

Date 3/27/02	Payee name Café Express 1101-12 Uptown Park Houston, TX 77056	Payee address	Amount (\$) \$17.27  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 4/11/02	Payee name Mesa Grill 1971 W. Gray Houston, TX 77019	Payee address	Amount (\$) \$22.11  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 4/12/02	Payee name La Griglia 2002 West Gray Houston, TX 77019	Payee address	Amount (\$) \$45.84  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 4/19/02	Payee name Fuzzy's Pizza 825 Antoine Houston, TX 77024	Payee address	Amount (\$) \$21.11  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 5/4/02	Payee name Luke's Locker 1953 West Gray Houston, TX 77019	Payee address	Amount (\$) \$19.38  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Spenco Inserts - Robert Quarles	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pages Schedule G: 4
FILER NAME: <b>Bruce Tatro</b>	ACCOUNT #: (Ethics Commission filer)

Date 5/21/02	Payee name Barnaby's Café 414 West Gray Houston, TX 77019	Payee address	Amount (\$) \$33.56  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 5/28/02	Payee name Schlotzsky's Deli 2929 Kirby Dr. Houston, TX 77098	Payee address	Amount (\$) \$13.91  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 5/31/02	Payee name Tony Mandola's 1962 West Gray Houston, TX 77019	Payee address	Amount (\$) \$24.50  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 6/6/02	Payee name Regency Parking 611 Clay Houston, TX 77002	Payee address	Amount (\$) \$9.00  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political event parking expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 6/10/02	Payee name Café Express 1422 West Gray Houston TX 77019	Payee address	Amount (\$) \$18.24  (x) Reimbursement from political contributions intended
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Purpose of expenditure (See instructions regarding type of information required.) Political lunch meeting	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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# POLITICAL EXPENDITURES

## SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G: 4
FILER NAME: Bruce Tatro		ACCOUNT #: (Ethics Commission filer)

Date	Payee name	Payee address	Amount (\$)
6/19/02	Otto's Barbeque	5502 Memorial Houston TX 77007	\$18.38 (x) Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Political lunch meeting	